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## APPLICANTS

Linda L. Roman, Boca Raton, FL;

Vincent Colwell, Martinez, GA;  
 Suzette DiMascio, Orlando, FL; Patty Foster, Antioch, CA;  
 Rose Cox, Germantown, TN;  
 Donna M. Mongiello, Germantown, TN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Mark A. Ketchum</i> Initials <i>mk</i>	STATE OR COUNTRY FL	SHEETS DRAWING 9	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 8
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## ADDRESS

24504  
 THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP  
 100 GALLERIA PARKWAY, NW  
 STE 1750  
 ATLANTA, GA  
 30339-5948

## TITLE

Patient qualifying and selection process

FILING FEE

FEES: Authority has been given in Paper

<input type="checkbox"/> All Fees
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<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )